PSJ19 Walmart Opp Exh 14 – PKY180794346

ROD Dufour	Abby	
ph: 501-273-4071	ph: 501-273-6874	Т
walmarr 17	1996 SYMPOSIUM INFORMATION SHEET	

Tracking #: \36

SOCIETY NAME: Walmart Pharmacy Services

CONFERENCE TITLE: New Trends for the Use of Opioids in Pain Management

CONFERENCE DATES: Tuesday, July 9, 1996

CITY, STATE: Bentonville, AR

HOTEL/HOSPITAL: Walmart Pharmacy Services

CONTACT: Name: Robert L. Lantos Phone: 718-488-1065

Addr.: Arnold & Marie Schwartz College of Pharmacy and Health Sciences, 75 Dekalb at University Plaza

Brooklyn, NY 11201

PROGRAM: Spkr: Pain Management

Hank Freedy, PharmD

Neil Irick, MD 2125 Stoven 500 - URW (Successful)

EXPECTED ATTENDANCE: 200-300 Civi

TYPE OF AUDIENCE: Pharmacists

\$8500 Admin Fee Paid 5/3|

REP/DM TO COVER MEETING:

\$ 1500 Consult. Fee Paid 5/31

SOCIETY:			
Follow Up with Society(Confirmation Letter/CVs)	Ed Grant: Rec'd: GIO Pd 157 GILI  Spkr Dir: Paid: Pd 2nd GIT		
Society Letter of Agreement	Sent: Sl Rec'd: Sl9		
SPEAKERS:			
Speaker Confirm.: Sent: 510	Hank Freedy, PharmD \$1,000  Rec'd: 1/2 Paid: 1/8  Neil Irick, MD \$1,000 Rec'd: 1/2 Paid: 1/8		
FIELD FORCE:			
DM Memo Re Exhibit/Rep to Cover	Sent: VM:		
Rep Memo-Exhibit/Eval. Form Exhibit Package Questionnaire	Sent: Rec'd: F/U:		
PRODUCT:	DATE FILED:		

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### WAL\*MART PHARMACY DIVISION

PROFESSIONAL SERVICES Bentonville, AR

### INVOICE

TO:

**Christine DiDominico** 

Medical Education **Purdue Frederick** 

100 Connecticut Avenue Norwalk, CT 06850-3590

FROM:

**Abby Cole** 

**Professional Services Coordinator** Wal-Mart Pharmacy Division

**SUBJECT: CE Satellite Program** 

DATE:

6/5/96

Date

Description

07/09/96

New Trends for the Use of Opiods

in Pain Management

1 3 g 6/10) 28 Total Due \$10,000

Please issue a check for an unrestricted educational grant to Wal-Mart Pharmacy for the support of the above program.

Please make check payable to Wal-Mart Pharmacy Division and mail to:

Wal-Mart Pharmacy Division **Professional Services** Attn: Abby Cole 702 S.W. 8th Street Bentonville, AR 72716-8037

If you questions or require additional information please contact me at

(501)273-6874.

Date to Acct: 6/11/96

ceems

Requested by: Christine DiDomenico Description: Walmarr Fee, 7/9, 1st Installment General league: 67120-4800 OXY PP/209

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### WAL\*MART PHARMACY DIVISION

**PROFESSIONAL SERVICES** Bentonville, AR

## **INVOICE**

TO: **Christine DiDominico** 

> **Medical Education** Purdue Frederick

**100 Connecticut Avenue** Norwalk, CT 06850-3590

FROM: **Abby Cole** 

> **Professional Services Coordinator Wal-Mart Pharmacy Division**

SUBJECT: CE Satellite Program

DATE: 6/5/96

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(501)273-6874.

ceems

Dot to Acct: 617/96
Requisted by: Cheistin DiDomenico
Description: 200 Installment Walmare Fee, 7/9
Geneal ledger: 67120-4800 OXY PP/209

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Jennife	en House abby yeaswirned Sves. 273-6874	
Ser. Pice	Jeasuinal Sves.	
ph: 501-	273-6879	
17	Date of Conference: Tues. July 9	
	Society: Walmart	
	Contact: BOB DUFORE	
	Title/Department: Dir. Professional Sucs.	
	Address 701 SW Sth St	
	City: Bentonville State: AR Zip: 72716	
	Phone: 501-273-6874 Fax:	
	Title of Conference:	
	Conference Location: Walmart Head quarters	
	Address	
	City/State: Bentonuily AR.	
	Date  Time  Doctors:  Doctors:	Oh = Oma = i=t
	Nurses:	Pharmaciste Dm.
corus i spkk)		
COLLA	Speakers: Topic:	
(9) A	Stophen Leght (Sole)/ KUIN/Nghut	
48/X	Phone: 804-828-7246	
10 callow stat	microul Levy	_
how.	Phone: 315-728-3637	
\$	Hank Freepy	
was yet	Phone: 413 - 232 - 8111	•
٠.	Narcessian Pharmmant of	Pain
\$ / ye	Phone:	,
·/	Have the speakers been contacted? Will there be other speakers?	

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Disperse Money:
PF pay speakers directly on behalf of organization?
PF pay educational grant to organization?
Check Payable:
Mailing Address:
Exhibiting:
Is there an opportunity to exhibit?
s there an additional cost to exhibit?
If so, will it be discounted due to exhibiting?

#### Miscellaneous:

- 1. Confirm all Information received from the field force.
- Is the society charging a registration fee to offset the cost of F&B?
   If the society is expecting PF to pay for F&B, tell them that PF does not normally pay for F&B as they are sponsoring the speakers need HL's approval.)
- 3. Is the society giving CEU? PF can not assist.

3bs-Um Bob to call.

3/25 - Um Lantos to call.

3/25 - Um Long - avoid.

3/25 - Um Long - avoid.

3/27 - Um Long - avoid.

4/9 - Lim Freury - avoid

4/9 - Long not avoid

4/9 - Long not avoid

4/19 - Levy not avoid

4/11 - Levy not avoid

4/11 - Um Macessian avoid

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## THE PURDUE FREDERICK COMPANY – MEDICAL EDUCATION DEPARTMENT SPEAKER CONFIRMATION AND FOLLOW-UP FORM May 10, 1996

Organization: Walmart Pharmacy Services

General Ledger No. 67120-4800 OXY

Approved by:

Contact: Bob DuFour

Location of Meeting:

Walmart Pharmacy Services

Contact Phone: 501-273-4071

City/State:
Conference Date(s):

Walmart Pharmacy Services in Bentonville, AR

Tuesday, July 9, 1996 (6:30pm - 8:30pm)

Topic (requested):

Use of Opioid Analgesic Agents in the Mgmt of Moderate to Severe Chronic Pain (6:35pm - 7:20pm)

#### LECTURE CONFIRMATION INFORMATION:

Hank Freedy, PharmD Mercy Hospital, 1400 Locust St. Pittsburgh, PA 15219 PROGRAM ASSESSMENT BY SPEAKER (Form to be completed by speaker post lecture and returned in enclosed envelope): Topic (presented): \_ Audience: Size \_\_\_\_ Reaction: \_\_\_ Knowledge of Topic \_\_\_ In a few words, please give us your overall impression of the program:\_\_ FINANCIAL SUPPORT INFORMATION: Type (as directed by Provider): (X) Direct to Speaker; () Provider to Reimburse Speaker (X) Arranged through PF (Only arrangements made through Wagonlit Travel Travel Agency Arrangements: will be covered (phone: 800-745-3210) ( ) Not Covered by PF ( ) Arranged Through Provider Hotel covered for \_\_\_\_ night(s) Honorarium: \$1,000 (1099) (Bypass 1099) Mileage (\$.22/mile) Total Expenses: \$ Tolls/Parking Hotel Meals Other PLEASE ATTACH RECEIPTS Grand Total **CHECK INFORMATION:** Hank Freedy, PharmD SS# or Tax Id # Payable: Mercy Hospital, 1400 Locust St. Send: Pittsburgh, PA 15219 Date: Signed (speaker): \_\_ If you have any questions, please call Christine DiDomenico at Purdue Frederick (203) 854-7242 (For PF Office Use Only) Date to Accounting Department Description: Requested By: \_\_\_\_Christine DiDomenico

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Med Ed Use \_

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	JE FREDERICK COMPA EAKER CONFIRMATION			EPARTMENT May 10, 1996
Conference Date(s): Topic (requested):  Valm  Conference Date(s): Topic (requested):  Pain Conference Date(s):  Pain Confe	art Pharmacy Services art Pharmacy Services art Pharmacy Services art Pharmacy Services ay, July 9, 1996 (6:30pr ontrol, Shifting the Paradigues ATION INFORMATION	Control (1975) Contro		01-273-4071
Neil Irick, MD Pain Resource Center Indianapolis, IN 4626	r, 2020 W. 86th Street, 50	Suite 310		
PROGRAM ASSESSMENT BY S	SPEAKER (Form to be con	upleted by speaker pos	st lecture and ret	urned in enclosed envelope):
Topic (presented): Audience: Size In a few words, please give us you	Reaction: r overall impression of the	Knowledg	e of Topic	
FINANCIAL SUPPORT INFOR	RMATION:			9.000
Type (as directed by Provider): Travel Agency Arrangements:	(X) Direct to Speaker; (X) Arranged through P will be covered (pho () Not Covered by PF	F (Only arrangement one: 800-745-3210)	its made throug	th Wagonlit Travel
Hotel covered for night(s)				
Honorarium: \$1,000 (1099) Total Expenses: \$	(Bypass 1099)	Mileage (\$.22/mile) Tolls/Parking Hotel Meals Other		
Grand Total \$		PLEASE ATTACE	H RECEIPTS	
CHECK INFORMATION:				
Payable: Neil Irick, Ml Send: Pain Resource Indianapolis,	e Center, 2020 W. 86th		x Id #	
Signed (speaker):		Date:		<del></del>
If you have any questions, please	call Christine DiDomenico	at Purdue Frederick (	203) 854-7242	
**************************************				
(For PF Office Use Only) Date Requested By: Christine Di General Ledger No. 67120-4800 Approved by:	Domenico	nt Description: PP/0209 ( X ) Med Ed Use		PF/0101 ( )

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CONFIDENTIAL - SUBJECT TO PROTECTIVE ORDER

1/96

# THE PURDUE FREDERICK COMPANY – MEDICAL EDUCATION DEPARTMENT SPEAKER CONFIRMATION AND FOLLOW-UP FORM May 10, 1996

Organization: Location of Meet City/State: Conference Date( Topic (requested) ************************************	Walmart Pharmacy Services in Bentonville, AR  (s): Tuesday, July 9, 1996 (6:30pm - 8:30pm)
LECTU	RE CONFIRMATION INFORMATION:
Pain R	ck, MD esource Center, 2020 W. 86th Street, Suite 310 apolis, IN 46260
**************************************	**************************************
Topic (presented) Audience: Size _ In a few words, p	ESSMENT BY SPEAKER (Form to be completed by speaker post lecture and returned in enclosed envelope):    Same   Reaction:
FINANCIAL SU	PPORT INFORMATION:
Type (as directed Travel Agency A	
Hotel covered for	night(s)
Honorarium: Total Expenses:	\$1.000 (1099) \$ 119.52 (Bypass 1099)  Mileage (\$.22/mile)  Tolls/Parking  Hotel  Meals  Other Car Restal  45.95
Grand Total	\$1119.52 PLEASE ATTACH RECEIPTS
CHECK INFOR	MATION:
Send:	Neil Irick, MD  SS# or Tax Id #35-1534015  Pain Resource Center, 2020 W. 86th Street, Suite 310 .  Indianapolis, IN 46260  9240 N. Meudian, Ste 340
Signed (speaker):	Kirkhilan Date: 07/296
If you have any q	uestions, please call Christine DiDomenico at Purdue Frederick (203) 854-7242
******	************************
(For PF Office U Requested By: _ General Ledger	Se Only) Date to Accounting Department 7/7/9 Christine DiDomenico Description: Walmary, 7/9/1/2/CK

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1/96 THE PURDUE FREDERICK COMPANY -- MEDICAL EDUCATION DEPARTMENT SPEAKER CONFIRMATION AND FOLLOW-UP FORM May 10, 1996 Walmart Pharmacy Services Contact: Bob DuFour Organization: Walmart Pharmacy Services Contact Phone: 501-273-4071 Location of Meeting: Walmart Pharmacy Services in Bentonville, AR City/State: Tuesday, July 9, 1996 (6:30pm - 8:30pm) Conference Date(s): Use of Opioid Analgesic Agents in the Mgmt of Moderate to Severe Chronic Pain (6:35pm - 7:20pm) Topic (requested): LECTURE CONFIRMATION INFORMATION: Hank Freedy, PharmD Mercy Hospital, 1400 Locust St. Pittsburgh, PA 15219 PROGRAM ASSESSMENT BY SPEAKER (Form to be completed by speaker post lecture and returned in enclosed envelope): Topic (presented): Tharmacologic Management of Pa Reaction: Knowledge of Topic Audience: Size In a few words, please give us your overall impression of the program No and Prodeost FINANCIAL SUPPORT INFORMATION: Type (as directed by Provider): (X) Direct to Speaker; () Provider to Reimburse Speaker (X) Arranged through PF (Only arrangements made through Wagonlit Travel Travel Agency Arrangements: will be covered (phone: 800-745-3210) ( ) Not Covered by PF ( ) Arranged Through Provider Hotel covered for \_\_\_\_ night(s) \$1,000 (1099) Honorarium: Total Expenses: <u>\$ 1/8</u>, カノ (Bypass 1099) Mileage (\$.22/mile) Tolls/Parking Hotel Meals Other /1/8.7/ PLEASE ATTACH RECEIPTS Grand Total **CHECK INFORMATION:** SS# or Tax Id# <u>293-38-0255</u> Hank Freedy, PharmD Payable:

Mercy Hospital, 1400 Locust St.

If you have any questions, please call Christine DiDomenico at Purdue Frederick (203) 854-7242

Pittsburgh, PA 15219

(For PF Office Use Only) Date to Accounting Department

Requested By: Christine DiDomenico

General Ledger No. 67120-4800

Send:

Signed (speaker):

Approved by:

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Description: Walmaker

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